

T.L. Care Limited

Mandale Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 3 and 9 May 2018. Both days of the inspection were unannounced, which meant that the staff and provider did not know we would be visiting.

Mandale Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides personal care for older people and older people living with dementia. The home is a detached 57 bed purpose built care home in Stockton. It is set out over two floors. At time of our inspection there were 41 people using the service.

When we inspected the service the manager was going through the process of becoming a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered person's'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our last inspection in October 2016 we identified gaps in people's records. At this inspection we found that there were still omissions in recordings. The new management team had started to complete regular audits, however quality assurance processes had not always highlighted the inconsistent record keeping and recording errors which meant some actions had not been addressed in a timely manner.

This is a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Whilst general risk assessments covering areas such as manual handling were in place and regularly reviewed health based risks to people were not always clearly identified and evaluated in care records. Medicines were not always managed safely. There were some gaps in medicine records. There was no record available of staff having undertaken training to take people's blood sugar readings safely.

This is a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

At the last inspection we noted that some Mental Capacity Act Assessments were not decision specific. Since the last inspection some documentation had been completed in this area. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However further work was needed to ensure all

decision specific mental capacity assessments and best interest's decisions were in place when people lacked capacity. We have made a recommendation about the recording of decisions taken in people's best interest.

The environment was maintained, however during our visit we identified some issues with the building including a fault with the fire panel which was addressed during our second visit. Equipment checks were undertaken to help ensure the environment was safe. Emergency contingency plans were in place. Infection prevention and control practices were followed.

Policies and procedures were in place to protect people from harm such as safeguarding and whistleblowing policies. Staff knew how to identify and report suspected abuse. People and their relatives felt the service was safe.

There were suitable numbers of staff on duty to ensure people's needs were met. Safe recruitment practices were in place. Pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with vulnerable people.

The new manager had ensured that staff were scheduled to have or had received training to be able to carry out their role, including training in areas such as health and safety and food safety however further training for staff was required in the area of diabetes management.

Staff were supported through regular supervision. Staff felt they could approach the management team if they had any issues.

Learning took place following reviews of accidents and incidents where themes and trends were addressed.

People had access to a range of healthcare such as GPs, hospital departments and dentists.

People's nutritional needs were met and they enjoyed a varied, nutritional diet that met their preferences. People told us they enjoyed the food.

The premises were spacious and tidy and were suitable for the people living within the home however some areas required updating.

People were supported by a regular team of staff who were knowledgeable about their likes, dislikes and preferences. Visitors were made welcome.

Staff members were kind and caring towards people. People's privacy, dignity and independence were respected. The policies and practices of the home helped to ensure that everyone was treated equally. End of life care procedures were in place.

Staff encouraged people to access to a range of activities and to maintain personal relationships.

Meetings for staff and people took place regularly. This enabled people to be involved in decisions about how the service was run. The service worked with a range of health and social care professionals to ensure individual's needs were being met. Feedback was sought to monitor and improve the service.

Staff were positive about the new management team. They confirmed they were able to raise concerns. A clear complaints policy and procedure process was in place.

This is the second time the service has been rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Medicines were not always managed safely

People's risks associated with their care were not always documented.

Staff had been trained in safeguarding people and were knowledgeable about the potential signs of abuse.

There were enough staff available to meet people's needs.

Staff recruitment practices were safe.

Is the service effective?

Requires Improvement 

The service was not always effective.

Some best interest decisions were not always in place where people were unable to make their own decisions, although staff demonstrated how they ensured people were given choices throughout the inspection.

People's weight was not always monitored in line with their assessed risk.

Staff gained verbal consent before providing people with assistance.

Staff were knowledgeable about people's needs.

The service worked well with external healthcare professionals to provide on-going support to people.

Is the service caring?

Good 

The service was caring.

Whilst staff were caring the provider was not ensuring the service was caring overall.

People and their families told us staff were kind and caring.

Staff interacted in warm, light-hearted and caring ways with people.

People's dignity and privacy was respected.

People's independence was promoted.

Relatives were made welcome.

Is the service responsive?

The service was not always responsive.

People's care plans did not always provide staff with detailed information about people and the support they required.

Care plans were not person centred.

A range of activities were on offer to people living at the home.

People knew how to complain if they needed to.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Quality assurance systems were in place however these were was not always effective in identifying some of the issues we found during the inspection.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

We saw that the management team had an open and honest working relationship and a shared vision to improve and develop the service. They responded positively to our feedback on the day of inspection and were open to making changes to improve the service.

Requires Improvement ●

Mandale Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 3 May 2018 and 9 May 2018 and was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We contacted the commissioners of the relevant local authority, the local authority safeguarding team, the fire service and other professionals who had worked with the service

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to CQC by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with nine people who used the service and we also spoke to four relatives of people using the service. We reviewed a wide range of records, this included five people's care records and five people's medicines records. We looked at four staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service.

We spoke with 14 members of staff, including the manager, the deputy manager, six care staff, an activities co-ordinator, the handyperson, a housekeeper and two catering staff. We also spoke to the provider's regional director.

Is the service safe?

Our findings

Records showed that some health condition risks, such as those relating to diabetes had not always been documented. For example, for one person who had diabetes there was no risk assessment in place to inform staff about the signs and symptoms of high or low blood sugar or the action they should take if the person's blood sugar reached an unsafe level. This meant staff may not always have the guidance they needed to help people to remain safe. For another person who had a catheter fitted there was no risk assessment in place to guide staff as to what signs and symptoms to look out for should a problem with the device occur. One person's medication risk assessment stated 'Support [the person] in this area and provide support with medication care plan.' No further detail was provided about the person's individual support requirements and preferences in this area.

One person's care plan stated their airflow mattress should be set at level two whilst a risk assessment for their profile bed said that the same mattress should be set at level three. Staff therefore did not have clear guidance as to if the pressure of the mattress was working at the correct level for the person or not. One person's bed rail risk assessment stated that 'bed rails and bumpers are [to be] used in correct position' however it did not state what the correct position should be.

Medicines were not always managed safely. We found a pot containing medication had been left on top of a medicine cabinet in one of the services treatment rooms. One Medicine Administration Record (MAR) did not reflect the correct date and from reading the MAR it appeared that the person had received their medication early. For one person there was a gap in the recording of medicines administered on the day of the inspection. We were informed that the person had received their medication but the staff member had forgotten to sign for it. These issues were addressed during our inspection.

Some people were prescribed PRN (as required) medicines. PRN protocols were in place to assist staff by providing guidance on when PRN medicines should be administered however these required more detail. For example one person's protocol for a painkilling medicine stated they should have one or two tablets but the protocol did not give further detail as to when one should be given and when two tablets should be given. The person was deemed as lacking capacity to make this decision themselves. The provider told us that PRN protocols would be updated.

We asked for the provider to review their transdermal patch application form as the current form did not include instructions required for application of the patches such as how to rotate them.

Staff were taking regular blood sugar readings of two people who had diabetes. The provider did not have a record of the training staff had undertaken to carry out this procedure safely. We were informed by the manager that staff had received training from district nurses however they were unable to locate a record of such. The service did not have a policy available in regards to taking blood readings. Following our visit the manager informed us these issues had been addressed.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

2014.

MARs contained recent photographs of people to reduce the risk of medicines being given to the wrong person. All the records we checked clearly stated if the person had any allergies. We observed a medication round and saw staff explained to people what medicine they were taking and why. People were given the support and time they needed when taking their medicines. Staff who administered medication had their competency assessed.

We asked people if they felt Mandale Care Home was safe. One person said, "I feel safe and have no concerns, all the family are delighted I am here and this is my home now." Another person told us, "I feel safe and reassured that if something happens I have someone to look after me."

Systems and procedures were in place to keep people free from abuse. Staff had access to the provider's safeguarding policy. Records showed that the staff team received training in safeguarding. The staff we spoke with understood how to keep people safe including what to do if an allegation of abuse was made. They were aware of whistleblowing procedures and knew how to report any safeguarding concerns. They informed us that they were confident the manager would respond to any concerns raised.

General risk assessments were in place to ensure that people were safe. Risks such as scalding, manual handling and outings had been identified and control measures had been put in place to reduce the risks identified.

People and relatives told us there were enough staff on duty to support people with their needs and this supported our findings on the days of the inspection. Members of staff were available in the communal areas and we saw that call bells were usually answered quickly. The manager regularly assessed staffing levels were sufficient using a dependency tool.

We looked at four staff files which showed that safe recruitment procedures were in place. Staff completed an application form and any gaps in their employment history were checked out by the provider. Two references were obtained prior to staff starting work at the service. A Disclosure and Barring Service (DBS) check was carried out before staff commenced work. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people from working with children and vulnerable adults.

Staff inductions were completed. Mentors observed new staff undertaking tasks and signed them off when the new starter was assessed as competent. This helped to ensure recently recruited staff were suitable for the roles in which they had been employed.

People were transferred using equipment in a safe and competent manner. Regular checks of hoists and lifting equipment had taken place to ensure the manual handling of people was undertaken safely.

Equipment was maintained in line with manufacturer's recommendations. Checks were made regularly on items such as profiling beds, call systems and wheelchairs to ensure they were safe to use.

Records showed that regular maintenance checks of the building took place. A maintenance action plan showed that defects were being reported and signed off when completed. Certificates showed that checks had been carried out in areas such as gas safety, water and emergency lighting. An audit of the electrical hard wiring within the building was last undertaken on 25 January 2013. The outcome of the audit was an

'unsatisfactory' rating. The identified defects were being corrected during our inspection. An up to date report on the electrical hard wiring system was overdue as the previous report covered a five year period.

Records confirmed that the fire alarm was tested on a weekly basis. We were informed that there was a fault with the fire panel during our inspection. We saw the fault had been reported for repair. We were shown evidence following our second visit that the fault had been fixed. Regular fire drills and evacuations had taken place. People had personal evacuation plans (PEEPs) which informed the staff of how to help them leave the building quickly in case of an emergency.

Contingencies were in place to keep people safe in the event of an emergency. The provider had a business continuity plan which set out how people's needs would continue to be met in the event of an unforeseen incident such as a flood or power failure.

Two infection control champions were appointed on the staff team to share Department of Health best practice and infection control policies were being followed by staff in their day to day practices such as wearing gloves and aprons to reduce the risk of infection. In some toilets and bathrooms however the boxing in of pipe work had deteriorated. This meant some surfaces could not be cleaned effectively. The provider informed us that they had a plan in place to undertake the required work in this area.

During the inspection we looked around toilets, shower rooms and communal areas. Large cracks were evident in the upstairs corridor, one bedroom and an en-suite toilet. The provider informed us this was due to tree roots and to ensure the safety of the building the cracks were being monitored. The manager confirmed they were awaiting the removal of the tree roots.

Adverse events were shared with staff. This supported the staff team to focus on lessons learned. The manager gave us examples of how lessons had been learnt for example in regards to how they had improved systems to monitor staff performance.

Records showed systems were in place for reporting, recording, and monitoring significant events, incidents, falls and accidents.

Is the service effective?

Our findings

Care records did not always demonstrate how the person's needs were assessed on admission to the home and then on a regular basis. People's nutritional health was monitored using the Malnutrition Universal Screening Tool (MUST). MUST is a screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition) or obese. MUST assessments were not all up to date and weights were not always recorded regularly. For example one person's MUST score indicated that the person's weight should have been monitored weekly however this had not always been undertaken. This was a record keeping issue and had not had an impact on the person.

People said they were supported by staff who knew their individual needs, likes, dislikes and preferences. One person told us, "The good quality of my care and trained staff means everything to me and my family." A relative told us, "I know that my relative is being well cared for all the time and to me that means the world."

Staff we spoke with told us they felt they received the required training to carry out their roles safely. One staff member said, "We have training all the time, all different courses." Records showed in some areas staff required further training. Where there were gaps the manager was aware of this and had taken action to schedule courses for staff.

Staff told us they had recently started to receive supervision from the management team and that the manager was always available for support if they had any concerns. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Supervision sessions included staff development needs. The provider informed us that supervision should usually take place every two months however due to management changes this had been difficult to achieve. A schedule was in place for the forthcoming year.

People were supported to maintain a balanced diet and had a choice of areas where they could eat. We asked people about meals, snacks and beverages and the response was positive. One person commented, "We always have a menu on the table and we are asked on the day what we would like, the food is always good." Staff regularly consulted with people on what type of food they preferred and ensured foods were available to meet people's diverse needs. Meal times were not rushed. The cook ensured where people had soft diets these were presented in an attractive way.

The catering staff we spoke with were knowledgeable about specialist diets and provided for specific needs such as pureed or fork mashable diets. People were supported to have enough to eat and drink and were encouraged to maintain a healthy and balanced diet. A record was kept of what people had eaten each day and people were given the opportunity to feedback on meals. We observed a staff member asking if people had enough to eat following their lunch.

People were able to access external professionals to maintain and promote their health. They had access to healthcare services when needed and their healthcare needs were met. Where needed staff supported

people with routine health care appointments. People's records contained information on communication with professionals such as GPs, district nurses, the falls team, dentists and hospital departments.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed the care home was following the requirements of the act in regards to DoLS. We spoke to staff and they showed an understanding of the principles of the MCA. For people who did not always have capacity some mental capacity assessments had been completed for their care and treatment, however assessments were not documented for a wider range of specific decisions. For example one person was assessed as lacking capacity however a best interest decision was not in place for use of a wheelchair lap strap. The MCA states a person's capacity must be assessed specifically in terms of their capacity to make a particular decision.

Throughout the inspection we saw examples of staff making decisions that were clearly in the best interests of people they knew well, for example supporting people with their personal care. Our judgment was that staff did act in the best interest of the people they supported but that processes had not always been followed to formally assess and record this. We recommend that the service reviews and updates records relating to peoples capacity to make decisions to ensure that they meet the requirements of the MCA.

Some people had made advanced decisions on receiving care and treatment and do not attempt cardiopulmonary resuscitation (DNACPR) orders had been completed appropriately and signed by the person's GP.

The premises were suited to the current needs of the people living within the home. People were able to meet privately with friends or relatives. The building required further work to meet the needs of people living with dementia. Some areas of the building had signage and themed areas to help people find their way around but not all. The provider had developed an environmental plan for the forthcoming year which set out improvements to be made including fifteen new bedroom carpets, development of a dementia friendly corridor and an indoor tea garden. People's bedrooms were personalised with people's belongings to make them feel at home. A double room was available for any couples who may wish to have a short term stay. The design of the building did not restrict the use of equipment to aid people's mobility.

Is the service caring?

Our findings

People told us they felt staff were very caring and they were happy living in the home. One person said, "I like the fact that I can have a wander on the veranda and gardens sometimes and I know they are always looking out for me." Another person told us, "I can see the staff are busy but never too busy to stop and say hello and give us hugs." One relative said, "This care home has an abundance of hugs and I am only a relative!" We saw staff providing support in a kind, caring manner.

It was clear that staff knew people well. They showed respect for people at all times and ensured people's dignity was maintained. We saw people smiling and laughing with staff. Members of staff explained what they were going to do before doing it and patiently gave people time to think and respond.

We saw that care staff routinely ensured people could make their own choices, from a choice of snack to which activity they wanted to take part in. They made sure each person was aware of the options available to them. Staff ensured they communicated well with people by getting the person's attention and repeating back information in a simplified manner if it had not been understood.

Where people were anxious or in need of comfort staff interacted with them in a compassionate way. We observed that one person apologised to a staff member when they needed some support and the staff member was very gentle in their response saying "it's what I am here for". Staff were discreet in their offers of support to people. One person had elbow injury which bled whilst at the table. As soon as staff noticed this discreet first aid was provided immediately.

We observed a person who didn't want to get up for lunch being encouraged by staff singing and dancing with them. It was clear this made the person feel better and they then went for something to eat.

The staff we spoke with had a good understanding of the importance of promoting independence. We observed that they supported people to be independent, giving them time and encouragement to complete tasks. People were able to move freely around the home. Some people used walking aids and staff monitored people but enabled them to be as independent as possible. Except for one occasion when it took five minutes for a call to be answered we observed calls for assistance were answered quickly.

Staff had completed or were booked onto training in equality, diversity and human rights and the provider had an equality and diversity policy. The manager told us that at the current time everyone living at the home had a similar ethnic background and religious beliefs. Information regarding people's religious and cultural needs was gathered prior to admission. The manager told us that where people had an identified need or preference in this area it would be recorded within the person's plan of care.

Staff told us, and relatives and records confirmed that people were also supported to maintain contact with their family and friends. One person's family visited for lunch. An area of the conservatory was freed up for the family and a table set so they could have a quiet lunch with their relatives.

The staff we spoke with were able to give a detailed history of people who used the service, including likes,

dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built.

Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Is the service responsive?

Our findings

Care plans were not always person centred and did not provide staff with guidance about the best way to support people and reflect their identity. They did not always include people's wishes and preferences however they did include a social history assessment which provided information on where the person was born, where they lived, jobs and hobbies they had. The manager showed us a schedule they had in place for rewriting all of the care plans for the service.

One person told us they did not have a call button and would like one in their bedroom. The person did have a sensor mat on the floor which they stood on when they needed assistance however if the person was in bed and needed support they would be unable to summon assistance. We brought this to the attention of the manager who had addressed the issue by our second inspection day.

A relative told us, "I can always speak to the staff about my relative's care plan and have it changed as it is a 'live' document." Staff were familiar with the needs of the people they were supporting. One staff member explained to us the different ways they would cheer up a person who can become low in mood, such as spending time helping them with their appearance.

Handovers were undertaken before staff started on shift. These provided staff with the opportunity to gather the up to date information they required to support people. Staff recorded how people had been throughout the day and overnight and records included information about care and support that had been given. Staff also had a general communication book available to pass on messages.

We received mixed feedback on activities. One person told us, "I would like more things to do, it is a long day just sitting here." Another person said, "There is so much going on we do not get time to be bored." A relative told us, "My partner would appreciate more stimulation and activities." The management team had recently implemented a new programme of activities and recruited an extra activity coordinator. A daily and weekly bulletin detailed all the activities and up and coming events which included relatives if they wished to join in. We saw people completing jigsaws, a sun awareness craft session and an entertainer was on site on the first day of our visit. The home had two budgies which people interacted with. On the day of our second visit some people visited a local pub for a lunch outing. We were informed that Wi-Fi was available within the building however there were no signs to advertise this to people or their relatives.

The service had a clear complaints policy and procedure in place. One person said, "If I needed to complain I would talk to unit staff or the manager if it was that serious." A relative said "I think complaining unless things are serious achieves little, it is much nicer to have a quick word with someone, it works for me." Records showed complaints were managed appropriately with a documented outcome.

Procedures were in place to support people with end of life care. Where they preferences in this area these were recorded in peoples care plans. At the time of our visit no one was receiving end of life care.

Is the service well-led?

Our findings

A comprehensive, up to date record for each person using the service had not always been kept. Care plans were lacking some required information and the records in place were inconsistent. People's weights had not been recorded and monitored in line with their assessed risk. Medicines were not always managed safely and there were gaps in some medicine recordings. Medicine audits had not identified the issues we found in this area. Provider and management audits had not always identified the issues we identified during this inspection with health based risks including those related to diabetes and use of catheters. They had not ensured that staff had completed the required training to take blood sugar readings safely.

This is a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new manager had been appointed and commenced work in March 2018. They were going through the CQC process to become a registered manager at the time of our visit. The manager told us they were aware of the issues with the records held and had a plan in place to address the shortfalls. Following the inspection they informed us that they had arranged for staff to receive training to undertake blood sugar monitoring safely.

One person told us, "The manager is always around keeping an eye on things, so I suppose that is good." A relative said that the management team had been supportive when a close family member had passed away and when they then visited their relative the staff also looked after them and "gave hugs and smiles and support".

Records showed that the management team had started to carry out regular observations, for example of mealtimes, manual handling and activities. During one observation of lunchtime records showed that the manager identified that a person was not offered a choice of meal. Staff had assumed the person would choose what they usually had. The manager addressed this with the staff member and ensured they were aware they must not pre-empt people's choices.

Regular audits had been implemented by the new management team covering a wide range of areas including kitchen audits, medicines audits, checks of care charts, laundry and activities. Provider visits took place regularly. Audits undertaken by the provider covered areas such as safeguarding, fire, the building, feedback and a review of the last monthly visit.

Staff told us the new manager was approachable and was a visible presence in the home. One staff member said, "The deputy and the manager are supportive, checking with me everything is okay." Another staff member commented, "The new manager is getting on top of things."

Meetings for staff were held at regular intervals. Minutes were maintained and made available to staff. These detailed the matters discussed, actions that needed to be taken and by whom. Records showed that staff were given opportunities to share their views and contribute to the development of the service. Care issues

were discussed within team meetings so that staff were kept well informed about the needs of people who used the service. People living within the home also had group meetings. These meetings gave people the chance to give their views on the service being provided. Meetings for people covered areas such as food and activities.

Feedback was sought from people and their relatives through surveys and informal chats. Feedback was analysed and used to inform the service's development plans. This enabled people to be involved in decisions about how the service was run.

The service was developing its partnership working with other health and social care agencies to meet people's needs. Records showed that where advice had been given by external agencies the new management team had ensured the advice was followed.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure all risks to the safety of people receiving care and treatment were appropriately managed and mitigated.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that complete and contemporaneous records were in place for each person who used the service.</p> <p>Provider and management audits had failed to identify some of the issues we identified during this inspection.</p>